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## DANGERS OF THE BARBER SHOP.

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READ BEFORE THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, JANUARY 12, 1898.

ON July 25, 1897, I was consulted by a young married man, who had been referred to me by one of our best physicians. On the upper part of the patient's chin, just below the mucous membrane of the lip, there was as perfect an example of the chancre known as Hunterian as I have ever seen. It was about the size of a ten-cent piece, oval in shape, of a bright red color, and was surrounded by well-marked induration. Oozing from it was an ichorous semi-fluid substance, which had a tendency to scab over at night.

Situated on the mucous lining of the left nostril, over the lower lateral cartilage, there was another indurated sore, in fact another initial lesion of syphilis; upon opening the patient's mouth two opaline mucous patches, one on either side of the pillars of the fauces, were brought into view. There was also another mucous patch on the inner surface of the lower lip, over the frenum. The submaxillary glands were indurated, and so were the epitrochlear. Upon disrobing him, I beheld extending all over his body the erythematous blush, which is the first manifestation of constitutional syphilis. There was no lesion on the organs of generation or adenitis in the inguinal regions.

He first noticed the pimple-like sores about six weeks before consulting me. He had seen a most prominent Philadelphia physician, who emphatically stated that he would risk his professional reputation on the lesions being simply ringworms. The patient was in the habit of being shaved in what are supposed to be first-class barber establishments. I have

no doubt at all but that he acquired syphilis in one of them, either from the razor or more probably from the fingers of the barber.

Treatment was commenced by the inunction method. One drachm of mercurial ointment was rubbed daily for half an hour over the patient's back, either by myself or my associate, Dr. James T. Arwine. On the 10th of August I left the city for my summer vacation of six weeks' duration. Before my departure I taught the wife of the patient how to apply the inunction. I did not hear anything of him until the 10th day of November. He told me that with the exception of two or three nights when he was away from home traveling his wife had carried out the treatment. I found no trace of the initial lesion in the nostril. On the site of the location of the chancre of the chin there was simply a pin-point hyperemic spot. It is hardly necessary to state that the inunctions were applied by hands that were protected with rubber gloves.

The accompanying photograph was kindly taken for us by a young medical student, son of Dr. Francis B. Bishop.

In acknowledgment of an article which I wrote for the *Journal of Cutaneous and Genito-Urinary Diseases*, May, 1897 ("Non-Venereal Chancre of the Upper Lip"), my friend, Dr. William Judkins of Cincinnati, sent me a reprint of an article written by himself for the same journal December, 1893, entitled "Odd Methods of Syphilitic Inoculation." He reported the case of a patient who had a suspicious sore on his scalp. I take the liberty of quoting the following from Dr.

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JUL-2--1898

606



Judkins's paper: "Inquiry brought out the fact that the patient the day after the November election (he having celebrated that event quite extensively) spent the major part of the time in a Turkish bath. Later in the day he visited, as he supposed, a first-class barber, where he had his hair cut with what is known as 'clippers.' He stated that he remembered the barber 'jabbing' him at about the point of soreness, but, from his condition, gave it no special attention.

"From the general appearance of the sore at this visit, and as I was loathe to believe it was syphilitic, but subsequent events have proven such to be the case, a guarded prognosis was given. At this point mention might be made of another case that came under my care, late in the attack, some nine years ago, which was inoculated through the hands of a barber with papular eruption of the palms. The lesion in this case was located on the eyebrow. The case was under treatment some three years, and as twice that length of time has elapsed since his discharge, and no symptoms calling for treatment have been seen, or any indication of constitutional trouble in two children born in the last five years, I feel safe in pronouncing him cured.

"The first case, that of the scalp, is progressing as well as this class of cases could be expected. For a week or two he is quite regular in the attention he gives himself, until he feels better, when, becoming negligent regarding his welfare, he indulges his appetite, and consequently relapses. I report this case not so much from its novelty as to the mode of the introduction of the poison, but to add another case to the few on record going to prove the scalp is not proof against infection, as Ricord at one time held, but who acknowledged his error before his death. We, as sanitarians, should warn our patients against the use of this villainous instrument that is daily in the hands of the barber."

In this connection it is interesting to note "that the government of the Republic of Colombia has, in view of the possibility of contagious diseases, such as ringworm, favus and syphilis, being transmitted by combs, brushes, etc., passed

an enactment making it compulsory for all barbers and hairdressers to keep the instruments of their art clean, and to disinfect them every time they have been used. A notice to this effect is to be posted up in all tonsorial establishments."

Professor Fleischer, in the *Lancet*, reported a case occurring in his practice of a man who contracted syphilis from an infected razor in one of the best hair-dressing establishments in Kief. The local medical society thereupon decided to call the attention of the sanitary authority to the subject in the hope that it would make regulations to obviate a repetition of such an occurrence. Another case of the same kind has also been published lately. It was of a soldier who had been infected with a primary sore of the chin from being shaved in a public shaving establishment in Tiflis. This case was shown to the Caucasian Society by Dr. Chudnooski.

Catrin, in *La Presse Médicale*, June 20, 1896, reports the case of a young man aged twenty-seven who contracted syphilis in September, 1894. The initial lesion was followed by roseola and mucous patches. Despite treatment the improvement was slow. In July, 1895, the father of this young man, while using his son's razor, cut himself on the chin. This slight wound became an ulcer, with indurated border, accompanied by a painful submaxillary adenitis. Well-marked secondary symptoms developed. He was given large doses of the protoiodide, which developed obstinate stomatitis. In March, 1896, there was a double iritis, which yielded to mixed treatment. The author insists that this case teaches physicians not to regard too lightly the possibility of contagion in the second stage of syphilis.

Dr. Douglas W. Montgomery of San Francisco reported to the California Academy of Medicine, September 18, 1897, the case of a young lady who had consulted him about a "cold sore" on the lower lip, which turned out to be an initial lesion of syphilis. I quote his remarks showing how his patient was inoculated:

"She said that in some of the hair-dressing establishments the hairdresser,



as a final touch, drew a moistened 'rouge stick' across the lips of her customers. This 'rouge stick' is a cylinder composed of a firm, red ointment. The firmness necessitates a slight moistening before being applied, and, disgusting to relate, this is frequently accomplished by the hairdresser, who first puts it into her own mouth and then deftly drawing it across the lips of her customers. Then, again, all customers are treated with the same 'stick,' and my patient told me that

Syphilis is not the only disease to be dreaded from the dirty instruments and hands of the average barber. Has anyone ever seen a bald Indian? Certainly no one has ever seen the untutored red-man in a barber shop. Who ever saw a negro, unless he was a barber, that was bald? Who ever saw a farm hand, or a cowboy, or a nihilist who was bald? Perhaps they owe their flowing locks to the aversion they have to tonsorial artists.

It is the exquisitely clean man who has



A CASE OF BARBER SHOP INFECTION.

in the shop where she usually went to have her hair dressed she has noticed many 'chemical blondes and otherwise strikingly dressed women.'"

Dr. E. Harrison Griffin of New York reports the case of an actress who acquired syphilis by applying the same rouge to the lips that was used by another actress who was a victim of the disease. "They both used the same rouge and applied it by the finger."

premature baldness and who visits the barber daily, and has his own cup and razor and brush, and who parts his hair in the middle, until the time soon comes when there is no more dyeing or parting there. One of this class told me the other day that he visited his barber at an unexpected hour, and found the artist using his shaving instruments on another customer.

The micrococci of alopecia form the



latest addition to the pathogenetic bacteria. Malassez in 1874 was the pioneer investigator in searching after the causative germ of seborrheic eczema. In 1884 Bizzozero isolated three varieties of bacteria taken from seborrhea scales. These investigations were corroborated by Boeck and Pekelharine.

During the same year Dr. Schlen reported the following in the *Centralblatt für die Medicinischen Wissenschaften*: Without any detectable cause, and without the accompaniment of any other symptom, a male individual was attacked by alopecia, which the patient himself attributed to infection contracted in a hair-dressing saloon. In the region of the right temporal bone was observed a circular place five to six centimeters in diameter, perfectly bald. In its center were noticed a few white hairs on the shiny skin, while the margin contained a zone covered by epidermis scales. In this zone the hairs appeared broken and stunted in their growth. The least pull on a hair caused its falling out, the bulb always coming with it. On coloring, Dr. Schlen was enabled to prove the presence of small, round cocci, which were less than a millimeter in size and found in large quantities surrounding the hair-cells of the epidermis and sprinkled between the sheaths of the roots of the hair. A mild solution of corrosive sublimate (1 to 3000) destroyed the cocci and established the regrowth of the hair.

Dr. Lassar of Berlin visited a barber shop and swept the floor, and gathered hair which fell from heads in which dandruff occurred plentifully, and rubbed up the sweepings with vaseline. The composition thus made was applied to the fur of rabbits and white mice. Soon baldness made rapid progress on the parts so treated. Vaseline alone produced no effect.

In 1891 Unna found the spores of Malassez in swarms in pityriasis.

In the *Annales de Dermatologie et de Syphilologie*, March, 1897, M. Sabouraud published the results of his bacteriological researches as to the cause of baldness. I will quote his conclusions:

"1. The specific microbacillus of seborrhea oleosa, when it gains access to

one of the pilo-sebaceous follicles, produces within it four constant results: *a*, Hypersecretion of sebum; *b*, hypertrophy of the sebaceous gland; *c*, progressive atrophy of the papilla; *d*, death of the hair. These phenomena result from seborrheic infection either of the so-called smooth parts of the skin or of the hairy areas.

"2. In the hairy scalp this infection chooses as its favorite site the vertex, and the depilatory effect of the seborrhea produces the baldness. Ordinary baldness is, therefore, nothing else than seborrhea oleosa of the vertex, which has assumed a chronic form.

"Seborrheic infection is not only indispensable to the production of baldness, but this infection continues as an intense, pure and permanent condition even when baldness exists; therefore it is a perfectly well characterized disease due to a specific micro-organism." The microbacillus is the constant microbial expression of the affection.

Tinea sycosis is generally known as the barber's itch, for the reason that it is so often a token of remembrance from the hands of a barber. It is a ringworm of the beard. The fungus is the same as that occurring in tinea tonsurans and tinea circinata; the trichophytosis barbae.

"Ill blows the wind that profits nobody" said Shakespeare in "King Henry VI" (Part III, Act 2, Scene 5). Baldness creates a demand for false hair, and the peruke and wigmaker and esthetic hair-dressers flourish in the land. Their patrons would not feel so self-satisfied if they only knew where their hirsute adornments sometimes come from. The English consul at Canton says that 80,000 pounds of human hair were exported from that city in 1891, and that it came mainly from those who died of contagious diseases, mendicants and criminals.

It has been reported that a disease called plica polonica has made its appearance in London, brought over by the traders in false hair from Poland. The hair conglomerates into thick masses. The odor from these matted plicas is extremely disgusting and the itching terrific. The fungus is the same as that found in ringworm.